




No. W 119100	Reinstatement Annual Report Form ADMIN DISSOLVED 02/10/2015	2. Registered Agent and Office (NOT A P.O. BOX) SHANNON MCLEAN 961 FOXMOOR DR HAILEY ID 83333																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. A CHOICE LIFE, LLC SHANNON MCLEAN PO BOX 3247 HAILEY ID 83333	3. <u>New</u> Registered Agent Signature.																																			
REINSTATEMENT FEE DUE: \$30.00	4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																				
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Shannon McLean</td> <td>961 Foxmoor Dr</td> <td>Hailey</td> <td>ID</td> <td>USA</td> <td>83333</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shannon McLean	961 Foxmoor Dr	Hailey	ID	USA	83333	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 119100 </div>	6. <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%; padding: 5px;"> Signature:  </td> <td style="width:30%; padding: 5px;"> Date: 3/5/15 </td> </tr> <tr> <td style="padding: 5px;"> Name (type or print): Shannon McLean </td> <td style="padding: 5px;"> Title: Managing Member </td> </tr> </table>		Signature: 	Date: 3/5/15	Name (type or print): Shannon McLean	Title: Managing Member																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM